State of Illinois
Department of Employment Security

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IDES
ILLINOIS DEPARTMENT OF
EMPLOYMENT SECURITY

Scheduled Inventory and/or Vacation Shutdown Questionnaire - Claimant

Claimant Information:

Last Name: First Name: MI:

 ID or SSN:

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Under Section 610A of the Illinois Unemployment Insurance Act, an individual who receives payment for an inventory and/or vacation shutdown is ineligible for benefits for the period covered by that payment. Please provide information about this payment to determine your eligibility for benefits.

Please complete, sign return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Inventory and/or Vacation Shutdown Information
Did you or will you receive vacation pay from your former employer?   Yes   No
If Yes, provide information about the employer who will make this payment and answer the remaining questions on this form.
Employer Name:
Address :   Address 2: (Apt., Floor, Suite, etc.)
City: State: Zip Code:
Employer Telephone Number: (   )   -

What is the reason for separation from this employer?   *(Check all that apply)*
        Inventory   Vacation   Layoff   Discharge   Voluntary Leave
        Other: (Please Explain)

If the separation is due to inventory or vacation shutdown, did the employer announce this period of shutdown?   Yes   No   If Yes, enter the date notice was provided.   /   /
What is the period the vacation pay is being applied?   From: /   /   To: /   / Gross Amount of Vacation Pay Received $
What is your rate of pay? $ Per (Select one)   Hour   Week   Month   Year   Other (Explain)
What are your normal work hours per day?   hours/day
How many days per week do you normally work?   days/week
If the separation is for inventory or vacation shutdown, what is your return to work date?   /   /
Are you receiving plant shutdown pay from any other employer?   Yes   No
Did you or will you receive holiday pay after your last day worked?   Yes   No
Section B: Signature
Signature: Date: /   /
Name (printed):   Telephone Number: (   )   -